

Appendix II.

Forms Selected for Automation during the Pilot Project

U.S. DEPARTMENT OF COMMERCE PROCUREMENT REQUEST Requisitioner fills in only unshaded blocks		1. INVOICE ADDRESS					A. REQUISITION NUMBER:				
							B. READY REQUISITION DATE:				
2 RECEIVING OFFICE NO.		3 REFERENCE CONTRACT NUMBER		4 ORDER DATE	5 SOURCE	6 PURCHASE DELIVERY ORDER NUMBER		7 SUB.	C. SF-281		
D. CHECK ONE PURCHASE ORDER DELIVERY ORDER IMPREST FUND CONTRACT OTHER		8. TO: (Seller)				9. SHIP TO: (Use Bldg/Room No.--see Reverse for Format)					
		10. 1099 TAX	11. EMPLOYER IDENTIFICATION NUMBER (EIN)				E. REQUISITIONER CONTACT PERSON:			TELEPHONE NO. (301) 975 -	
12 LINE ITEM	13 ACT. CODE	14 DESCRIPTION (Double Space Between Items)			15 BUDGET OBJECT	16 ACC. LINE	17 QUANTITY	18 UNIT ISSUE	19 UNIT PRICE (If Known)	20 ESTIMATED AMOUNT	
21. F.O.B. POINT				22. DISCOUNT TERMS		23. PROMPT PAYMENT		Sub-Total (This Page)		24.	
F. REQUEST DELIVERY BY:		25. DELIVERY DATE:		26. SHIP VIA		27. ESTIMATED FREIGHT		TOTAL		28.	
I certify that funds are available and that the above items are necessary for use in the public service.				29 ACC. LINE	30 BUREAU CODE	31. ACCOUNTING CLASSIFICATION			32 DISTRIBUTION	33 AMOUNT	
G. TITLE OF REQUEST AUTHORIZING OFFICIAL		TELEPHONE									
SIGNATURE		DATE									
TITLE OF REQUESTER		TELEPHONE									
SIGNATURE		DATE									
H. CLEARANCES AND REMARKS											

JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION

I recommend that the Department of Commerce negotiate only with _____

(Proposed Contractor(s))

for _____

(Description of Supplies or Services)

Requisition No. _____

Cost Estimate \$ _____

(Include basic contract period and all options or total systems life costs)

Requesting Activity _____

Contracting Activity _____

CERTIFICATION REQUIREMENTS

I certify that the attached narrative justification is accurate and contains complete data necessary to support the recommendation for other than full and open competition.

The requisitioner further certifies that the attached narrative justification verifies the Government's minimum needs or schedule requirements and any rationale used to justify other than full and open competition procedures.

*Requisitioner (Name and Title)

Signature

Phone No.

Date

* The procurement request authorizing official, whose signature appears in block G of the Procurement Request (Form CD-435).

Before requesting this acquisition, state the statutory authority for conducting this acquisition under "other than full and open competition" procedures in the following blank _____ (use only one statutory authority). Also provide a narrative justification to this form. In accordance with FAR Subpart 6.3, the narrative justification must include the facts necessary to reasonably and legitimately lead to the use of the specific authority for other than full and open competition; including adequate information on the nature and/or description of the action being approved and a description of the supplies or services required to meet the agency's needs.

NOTE: Use of this form is optional when: (1) the justification contains all information required by FAR 6.303-2, is certified by the requisitioner and contracting officer and is approved at the appropriate levels; or (2) simplified acquisition procedures for acquisitions not exceeding \$100,000 are used, in which case the simplified documentation practices outlined in FAR 13.106-2 may be followed.

STATUTORY AUTHORITY**41 USC 253(c)(1) - Only one responsible source**

The supplies or services required by the agency are available from only one responsible source and no other type of supplies or services will satisfy agency requirements.

41 USC 253(c)(2) - Unusual & compelling urgency

The agency's need for the supplies or services is of such an unusual and compelling urgency that the government would be seriously injured unless the agency is permitted to limit the number of sources from which it solicits bids or proposals. (NOTE: This authority will not be approved if it is determined that the urgency is due to a lack of advance planning by the requiring activity. Solicitation from as many potential sources as is practicable under the circumstances is required.)

41 USC 253(c)(3) - Industrial mobilization; or engineering, developmental, or research capability; or expert services

It is necessary to award the contract to a particular source or sources in order (a) to maintain a facility, producer, manufacturer, or other supplier available for furnishing supplies or services in case of a national emergency, or to achieve industrial mobilization, or (b) to establish or maintain an essential engineering, research, or development capability to be provided by an educational or other nonprofit institution or a federally funded research and development center or (c) to acquire the services of an expert for any current or anticipated litigation or dispute.

41 USC 253(c)(4) - International agreement

The terms of an international agreement or a treaty between the United States and a foreign government or international organization, or the written directions of a foreign government reimbursing the agency for the cost of the acquisition of the supplies or services for such government, have the effect of requiring the use of procedures other than competitive procedures.

41 USC 253(c)(5) - Authorized or required by statute

A statute expressly authorizes or requires that the acquisition be made through another agency or from a specified source, or the agency's need is for a brand-name commercial item for authorized resale.

41 USC 253(c)(6) - National security

The disclosure of the agency's needs would compromise the national security unless the agency is permitted to limit the number of sources from which it solicits bids or proposals.

41 USC 253(c)(7) - Public interest

The agency head (Secretary of Commerce) determines that it is not in the public interest to use full and open competition in the particular acquisition concerned, and notifies Congress in writing of such determination not less than 30 days before award of the contract.

APPROVAL REQUIREMENTS

Contracting Officer - Not exceeding \$500,000:

Contracting Officer & Title	Signature	Phone No.	Date
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Contracting Activity Competition Advocate - Over \$500,000 but not exceeding \$10 million:

Contracting Activity Competition Advocate & Title	Signature	Phone No.	Date
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Head of Contracting Activity (HCA) or HCA Designee - Over \$10 million but not exceeding \$50 million:

Head of Contracting Activity/HCA Designee & Title	Signature	Phone No.	Date
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Procurement Executive - Over \$50 million:

Procurement Executive & Title	Signature	Phone No.	Date
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NOTE: Use the total cost estimate specified on the front of this document in determining the necessary approvals. Each review must be preceded by lower level approval(s), e.g., over \$50 million all approvals are required.

DRAFT 02/10/1999

NIST QUIK PROCUREMENT SYSTEM
Version 15

Page: 1

Div:892 Grp:04 FY:1999 Req No:892-E170 Order Dt:02/11/1999 Order No:98E170

Vendor No:8B0600 Prim. Vendor:CORPORATION/NAT'L RSRCH
U.S. GOVERNMENT CREDIT CARD PROCUREMENTS

Vendor Cont: Pay Disc:

Buyer: [REDACTED] Ext:2826 Requestor(s): [REDACTED]
Prior Approval?:Y Approval Name: [REDACTED] Approval Date: 02/10/1999
Comments:

Item	Description	O.C.	CostCtr	Qty	Unit	Price	Total
01	REGISTRATION FOR IETF- 44 MEETING/MINNEAPOLIS	2780	892 [REDACTED]	1	EA.	325.000	325.00

Prd:Y

Payment Approving Official: ***** Statement Dt: / /

Order Total: 325.00
Grand Total: 325.00

[REDACTED]
Chief, Div. 892

Date

[REDACTED] 2/11/99
Admin. Officer

Date

[REDACTED]
Manager, 892.04

2/10/99.
Date

INTERDIVISION WORK ORDER

UNLESS EXPLICITLY AGREED OTHERWISE; THE WORKING DIVISION WILL TAKE REASONABLE CARE TO AVOID CHARGES IN EXCESS OF THE AMOUNT AUTHORIZED, AND WILL INFORM THE ISSUING OFFICER IF THE WORK CANNOT BE COMPLETED WITHIN THAT AMOUNT. FOR CHANGE ORDERS (REVISIONS TO WORK ORDER), COMPLETE ALL BOXES.

DIVISION REQUISITION NUMBER	CHANGE NUMBER	COST CENTER TO BE CHARGED	FY	DATE	DATE NEEDED
AUTHORIZED CHARGES \$ OR <input type="checkbox"/> ESTIMATE REQUESTED	WORKING DIVISION ID (IF ANY)	CHANGE IN AUTHORIZED CHARGES OLD AMOUNT	CHARGES + OR -		NEW AMOUNT
TO		FROM (DIVISION)	AUTHORIZED BY (NAME AND SIGNATURE)		
FOR INFORMATION, CONTACT NAME		TELEPHONE EXTENSION	BUILDING	ROOM	

SPECIFICATIONS

CERTIFIED COPY

UNITED STATES DEPARTMENT OF COMMERCE
TIME AND ATTENDANCE DAILY REPORT
April 25, 1999 to May 08, 1999

FORM CD-440PC
TPK 5.2

SSN:	PP	YR	Agency	State	Town	Unit	Tmkpr	GS	WG	Oth	FT	PT	Int
	09	99	57	24	0630	90	01	1			1		
Stat-Chg	Adv	Oath	Final	New	Cont	Standby/AUO	Reg	Acct	Days In	Corr	Alt		
End Strt	Lv	Ofc	Rpt	ContPt		Wkl Wk2	% OT	Code	Paystat	Supp	Schd		

Su	Mo	Tu	We	Th	Fr	Sa	WkTot	T/C	App A	B	C	D	E
TIME IN PAY Week 1													
8.0	8.0	8.0	8.0	8.0	8.0		40.0	REG/TM	9	890	0910		

TIME IN PAY Week 2									App A	B	C	D	E
8.0	8.0	8.0	8.0	8.0	8.0		40.0	REG/TM	9	890	0910		

Total T/C	0001	Total Time	80.0	Fwd	Accr	Used	Bal
Su	Mo	Tu	We	Th	Fr	Sa	WkTot T/C
OTHER TIME Week 1							AL
							SL
							Cred 0.0
							Comp 0.0
							RCom 0.0
							Shor 0.0
							Home 0.0
							RAL 0.0
							Awrd 0.0
							LWOP 0.0
							AWOL 0.0
							Susp 0.0
							Furl 0.0
							EMil 0.0
							RMil 00 # of days
							Othr

Work Week : 8:30 - 5:00 M-F

Remarks :

DUTY HOURS: 080

CLOCK HOURS ABSENT, PREMIUM PAY OR CREDIT HOURS

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
Fr							Fr						
To							To						
Fr							Fr						
To							To						

Supervisor's Signature: _____ Date: _____ Tmkpr: _____ Empl: _____
Your signature certifies that all reported time was worked & approved according to law & regulation.

Attachment: _____

INFORMATION TECHNOLOGY LABORATORY TIME AND ATTENDANCE WORKSHEET

Name:

Pay Period: Date:

YR

Transaction Code	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT	Cost Center
01 REG															
01 REG															
01 REG															
Comp (32)/OT(19/21)															
ANNUAL (61)															5989999
SICK (62)															5989999
ADMIN (66)															5989999
COMP (64)/LWOP (71)															
TOTAL HOURS															
A Time In															
W Time Out															
CLOCK HOURS ABSENT															

	FORWARD	ACCRUED	AVAILABLE	USED	BALANCE
ANNUAL					
SICK					
COMP					

6. EXPENDITURES - Continued

[illegible]

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11809 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 5011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information or when pursuant to a requirement by this agency in connection with the hiring or appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by this agency in connection with the firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.